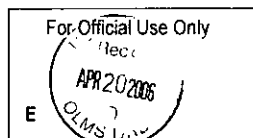


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>25881</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2005</u> Through: <u>12</u> / <u>31</u> / <u>2005</u>
3. Name and address of person filing. Name <u>MICHAEL</u> <u>C</u> <u>VERBOUT</u> P.O. Box, Bldg., Room No., if any <u>C/O IBEW LOCAL 570</u> Street <u>750 S. TUCSON BLVD</u> City <u>TUCSON</u> State <u>Arizona</u> ZIP Code + 4 <u>85716</u>	4. Name, file number, and address of labor organization. Name <u>IBEW LOCAL 570</u> Labor Organization File Number <u>011-338</u> P.O. Box, Building and Room Number, if any Street <u>750 S. TUCSON BLVD</u> City <u>TUCSON</u> State <u>Arizona</u> ZIP Code + 4 <u>85716</u>
5. Position in labor organization. <u>ASSISTANT BUSINESS MANAGER</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

*Michael C. Verbout*

On

3/30/06

Date

(520) 622-6745

Telephone Number

Name of Person Filing <b>MICHAEL VERBOUT</b>	File Number <b>U-</b>
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **IBEW LOCAL 570 & 518 TRUST FUNDS**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **P. O. BOX 16200**

Street

City **PHOENIX**

State **Arizona** ZIP Code + 4 **85011**

9. Business deals with:

- ☐ a. Labor Organization
- ☒ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **IBEW 570 PENSION FUND**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **P. O. BOX 16200**

Street

City **PHOENIX**

State **Arizona** ZIP Code + 4 **85011**

11.a. Nature of such dealing.

TRUSTEE ON THE IBEW 570-518 PENSION FUND. ATTEND INTERNATIONAL FOUNDATION ANNUAL CONFERENCE. PENSION TRUST FUND REIMBURSES THE COST OF TRAVEL, MEALS, HOTEL ETC.

11.b. Approximate dollar value of such dealing.

**\$1,857**

12.a. Nature of interest held or income received.

REIMBURSEMENT TO TRUSTEE BY TRUST FOR INCURRED EXPENSES FOR ATTENDANCE AT ANNUAL PENSION TRUST CONFERENCE NOVEMBER 11-16, 2005 IN HONOLULU HI:

AIRFARE \$433.30, HOTEL \$1,131.76, MEALS \$206.66  
TAXIS/SHUTTLE \$60.00 TIPS \$25.00

12.b. Amount.

**\$1,857**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State  ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.